

MULTIPLE-DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO.
10 / 088223
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER		AFTER	
	IND.	DEP.	AMENDMENT	DEP.	IND.	DEP.
1						
2						
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49						
50						
TOTAL IND.	23					
TOTAL DEP.	11	↓	↓	↓	↓	↓
TOTAL CLAIMS	14					

IND.	DEP.	IND.	DEP.	IND.	DEP.
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99					
100					
TOTAL IND.					
TOTAL DEP.		↓	↓	↓	↓
TOTAL CLAIMS					